



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
JUVENILE PAROLE**

**AUTHORIZATION TO RELEASE YOUTH**

**DATE:** \_\_\_\_\_

**TO:** To the Sheriff or Juvenile Detention Facility of \_\_\_\_\_ **County:** \_\_\_\_\_  
*County*

This is your authorization to release \_\_\_\_\_ ,  
*Youth Name*  
who was incarcerated in the \_\_\_\_\_ **Juvenile Detention Facility on**  
*County*  
\_\_\_\_\_  
*Date*

- ☐ Investigation of his/her violations has been completed and he/she has been continued on active supervision in \_\_\_\_\_ .  
*County*
- ☐ Investigation of his/her alleged violations has been completed and the youth will be transported on \_\_\_\_\_ to \_\_\_\_\_ .  
*Date* *Correctional Facility or placement*
- ☐ Re-Entry Meeting for youth has been completed and the youth will be transported on \_\_\_\_\_ to \_\_\_\_\_ .  
*Date* *Correctional Facility or placement*

**COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_

**Has Certificate to Detain been cancelled?** ☐ YES **Date Cancelled:** \_\_\_\_\_  
☐ NO **Reason:** \_\_\_\_\_

\_\_\_\_\_  
**Juvenile Parole Officer** **Date**